



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90328 033 ****61.25

DOCUMENT # N05290 1. Entity Name HARBORTOWN VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 900 GUY BATES 1861 PLACIDA RD., STE 104 ENGLEWOOD, FL 34223			Mailing Address 7092 PLACIDA RD C/O TIM FITZSIMMONS CAPE HAZE, FL 33946 US		
2. Principal Place of Business 7092 PLACIDA RD. Suite, Apt. #, etc.		3. Mailing Address 7092 PLACIDA RD. Suite, Apt. #, etc.			
City & State CAPE HAZE, FL.		City & State CAPE HAZE, FL.		4. FEI Number 59-2507779	
Zip 33946 Country USA		Zip 33946 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, KEN CRAIG REMOUR 7092 PLACIDA RD CAPE HAZE, FL 33946				7. Name and Address of New Registered Agent Name CRAIG REMOUR Street Address (P.O. Box Number is Not Acceptable) 7092 PLACIDA RD. City CAPE HAZE, FL Zip Code 33946	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, name, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, JIM 7070 PLACIDA RD CAPE HAZE, FL 33947	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Phyllis Rothman 7070 PLACIDA RD. #1220 PLACIDA, FL. 33946	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOZAK, INGRID PO BOX 729 NOKOMIS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JOE DACEY 11125 CORLETT ROAD RIVERVIEW, FL. 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEAVER, DICK 1714 BORROMAN - POLAND RD, SUITE 10 POLAND, OH	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORSTMEIER, ROGER 1131 MEADOWS DRIVE FREEPORT, IL 61032	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AUSTIN, ANNA DEE P O BOX 558 CADE HAZEL, FL 33946	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ Association Mgr. 4-19-06 (941) 697-1970 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					